

# SECURE CARE RELATED SERVICE PROVIDER SURVEY

RSPS

PEA \_\_\_\_\_ School/Site \_\_\_\_\_

Answer all questions below with any remarks, and return survey in the self addressed stamped envelope provided

.	For ESS Use Only
<p>1. Describe the good things going on in your school district or charter school's special education program</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>2. Do the IEPs of your students accurately reflect their special education needs? If "NO", please provide specifics.</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>III.A.9</p>
<p>3. Are all services being provided as indicated in the IEPs of your students? If "NO", please provide specifics.</p> <p style="text-align: center;">YES _____ NO _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>IV.A.1</p>
<p>4. List three ways you adhere to confidentiality requirements.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>I _____</p> <p>O _____</p> <p>U _____</p> <p>V.A.1</p>
<p>5. Describe any concerns about your school district or charter school's special education program.</p> <p>_____</p> <p>_____</p> <p>_____</p>	

*Your time and effort in completing this form is greatly appreciated!*